

GEORGIA POLICYHOLDER NOTICE REGARDING UNINSURED MOTORISTS COVERAGE

Our records show that your policy contains Uninsured Motorists (UM) Coverage. Uninsured Motorists coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified. This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverage you are provided.

Georgia law, in general, requires that automobile liability policies include Uninsured Motorists Coverage Added On To At-Fault Liability Limits (Added-On) unless you reject this coverage in writing. Uninsured Motorists Coverage Added-On provides insurance protection, in general, with respect to an insured's covered losses that are in addition to the limit of liability under any applicable bonds or policies.

However, for a reduced premium, you may reject Uninsured Motorists Coverage Added-On and select Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits (Reduced). Uninsured Motorists Coverage Reduced provides insurance protection, in general, wherein the amount of coverage is reduced by all sums paid by or on behalf of anyone who is legally responsible.

The following examples are derived from the Georgia Office of Insurance and Safety Fire Commissioner Directive 08-P&C-1 dated August 18, 2008:

Example of Uninsured Motorists Coverage Added-On and Uninsured Motorists Coverage Reduced Claim Payment Calculation

An underinsured driver fails to stop at a red light, hits your car and causes you to have \$175,000 in damages. The at-fault underinsured driver (At-Fault's) has \$50,000 of Liability Coverage. Your policy contains \$100,000 of Uninsured Motorists Coverage.

UNINSURED MOTORISTS COVERAGE ADDED-ON

*At-Fault Liability Coverage Limit \$50,000
Your Uninsured Motorists Coverage Added-On Limit \$100,000
Total Amount of Your Damages \$175,000*

Payment Break Out:

At-Fault's Liability Coverage = \$50,000
Your Uninsured Motorists Coverage Added-On = \$100,000
Total Payment = \$150,000
Amount Not Covered = \$25,000 (a)

The maximum available coverage in this example was \$150,000 (At-Fault's Liability Coverage Limit + Your Uninsured Motorists Coverage Added-On Limit).

(a) Please notice that \$25,000 of the loss was not covered.

**UNINSURED MOTORISTS COVERAGE REDUCED
(This coverage is comparable to your current coverage.)**

At-Fault's Liability Coverage Limit \$50,000
Your Uninsured Motorists Reduced Limit \$100,000
Total Amount of Your Damages \$175,000

Payment Break Out:

At-Fault's Liability Coverage = \$50,000
Your Available Uninsured Motorists Coverage Reduced = \$50,000(a)
Total Payment = \$100,000
Amount Not Covered = \$75,000(b)

(a) The \$50,000 amount shown here is determined by subtracting the At-Fault's Liability Coverage Limit from Your Uninsured Motorists Coverage Reduced Limit. The total available Uninsured Motorists Coverage Reduced you have in this example is \$50,000.

(b) Please notice that \$75,000 of the loss is not covered.

You should contact us or your agent at the address below if you have any questions regarding the options described above with respect to Uninsured Motorists Coverage. However, if you wish to change the coverage you currently have, you must request any such change in writing.

Company:	HARCO NATIONAL INSURANCE COMPANY
Address:	P O BOX 68309, SCHAUMBURG, IL 60168-0309
Producer:	
Address:	



**SELECTION/REJECTION OF
UNINSURED/UNDERINSURED MOTORISTS COVERAGE**

GEORGIA

INSURED: _____

POLICY NO: (IF APPLICABLE) _____

UNINSURED MOTORISTS COVERAGE

Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also, included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Uninsured Motorists Coverage – Added On To At-Fault Liability Limits provides insurance protection, in general, with respect to an insured's covered losses that are in addition to the limits of liability under any applicable bonds or policies.

Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits provides insurance protection, in general, wherein the amount of coverage is reduced by all sums paid by or on behalf of anyone who is legally responsible.

Georgia law requires that your policy include Uninsured Motorists Coverage – Added On To At-Fault Liability Limits, unless you reject Uninsured Motorist Coverage entirely or unless you instead select, for a reduced premium, Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits.

Unless rejected, your policy must include Uninsured Motorists Coverage at limits not less than a single limit of \$75,000 for each accident. This limit will be referred to as the "minimum limit" for Uninsured Motorists Coverage.

You, the undersigned named insured, select:: (Mark "x" in boxes below)

- I select Uninsured Motorists Coverage – Added On To At-Fault Liability Limits, OR**
- I reject Uninsured Motorists Coverage – Added On To At-Fault Liability Limits and select Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits, OR**
- I hereby reject Uninsured Motorist Coverage entirely.**

If you select Uninsured Motorists Coverage, you must select the limit below:

- I hereby agree to purchase uninsured motorist coverage for a combined single limit of \$ _____ (minimum limit \$75,000; maximum is your policy limit),

Applicant's Signature

Type or Print Name of Applicant

Date Signed

HARCO NATIONAL INSURANCE COMPANY
GEORGIA SELECTION/REJECTION OF MEDICAL PAYMENTS COVERAGE

INSURED: _____

POLICY NO: (IF APPLICABLE) _____

MEDICAL PAYMENTS COVERAGE

Medical Payments coverage protects you in the event of an accident. This coverage will pay reasonable expenses incurred for necessary medical and funeral services to or for an Insured who sustains bodily injury caused by an accident.

The Medical Payments Coverage Limits are as follows:

\$1,000	\$5,000
\$2,000	\$10,000
\$3,000	\$25,000
\$4,000	\$50,000

The premium cost for each limit will vary. Please contact your agent or call your Harco National Insurance Company representative at 1-800-448-4642 for a quote.

ACCEPTANCE OF MEDICAL PAYMENTS COVERAGE

Please indicate the Medical Payments Coverage limit by checking the appropriate box. **CHECK ONLY ONE.**

<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$25,000
<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$50,000
<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$10,000	

I do accept your offer of Medical Payments Coverage as indicated above. I understand that the premium charge will be reflected on my policy.

Applicants Signature

Date

Type or Print Name of Applicant Here

REJECTION OF MEDICAL PAYMENTS COVERAGE

I have read the description of what Medical Payments Coverage provides and I reject this coverage.

Applicant's Signature

Date

Type or Print Name of Applicant Here